

# Exhibit

# A

CERTIFIED MAIL®

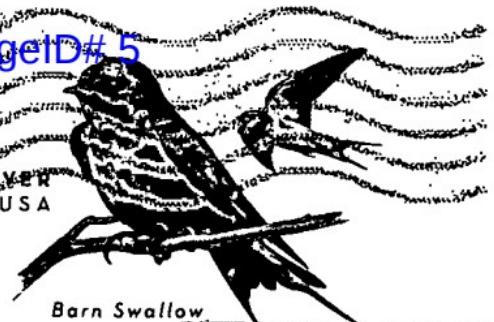
Naeshaun Briggs  
5861 Poplar Hall Dr Apt B20  
Norfolk, VA 23502



7018 1130 0000 3681 8650

ENCL

FOREVER  
USA

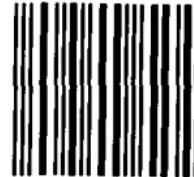


Barn Swallow

ATTN: Credit Control, LLC  
CT Corporation System  
4701 Cox Rd, Ste 285  
Glen Allen, VA 23060-6808



1024



23060

U.S. POSTAGE PA  
FCM LETTER  
NORFOLK, VA  
23514  
FEB 14, 20  
AMOUNT

**\$3.55**

R2305M143330-13

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

Courtroom 2A 664-4913

Norfolk

General District Court

CITY OR COUNTY

Courtroom 2D 664-4914

150 St. Paul's Blvd., Norfolk, VA 23510

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3/14/20 9:00 a.m.

to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

DATE ISSUED

 CLERK DEPUTY CLERK MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 12,000 net of any credits, with interest at 6 % from date of 10/5 until paid,

\$ 57.00 costs and \$ attorney's fees with the basis of this claim being

 Open Account  Contract  Note  Other (EXPLAIN)8 VIOLENT CRIMES OR  
TODA 47(4)(C), 227(h)(1)(A)(iii) to tele 10/5

707-383-1433 C 12/12/19, 12/16/19, 12/14/19, 11/3/2020, 11/16/2020

HOMESTEAD EXEMPTION WAIVED?  YES  NO  cannot be demanded

DATE

**CASE DISPOSITION**JUDGMENT against  named Defendant(s) 

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

 and \$ costs for Servicemember Civil Relief Act counsel feesHOMESTEAD EXEMPTION WAIVED?  YES  NO  CAN NOT BE DEMANDED JUDGMENT FOR  NAMED DEFENDANT(S)  NON-SUIT  DISMISSEDDefendant(s) Present:  NO  YES

DATE

JUDGE

CASE NO.

Briggs, Naecklum S

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

5801 Duplex Hall DR

APT B20

Norfolk, VA 23502  
757-383-1433

Credit Control, LLC

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Buyer Agent, IT (Customer System

4701 Cox Rd Ste 285

Glen Allen, VA 23060-10808

**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

 To dispute this claim, you must appear on the return date to try this case. To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ..... ORDERED ..... DUE .....

Grounds of Defense ..... ORDERED ..... DUE .....

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

**HEARING DATE AND TIME**

DATE

CLERK

**DISABILITY ACCOMMODATIONS**

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

|  |  |
|--|--|
| NAME .....   |  |
| ADDRESS .....  |  |
| <input type="checkbox"/> PERSONAL SERVICE      Tel.<br>No. .....   |  |
| Being unable to make personal service, a copy was delivered in the following manner:   |  |
| <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.<br><br><hr/> |  |
| <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)   |  |
| <input type="checkbox"/> Served on Secretary of the Commonwealth   |  |
| <input type="checkbox"/> NOT FOUND   |  |
| SERVING OFFICER  |  |
| DATE ..... for _____   |  |

|  |  |
|--|--|
| NAME .....   |  |
| ADDRESS .....  |  |
| <input type="checkbox"/> PERSONAL SERVICE      Tel.<br>No. .....   |  |
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| <input type="checkbox"/> Served on Secretary of the Commonwealth   |  |
| <input type="checkbox"/> NOT FOUND   |  |
| SERVING OFFICER  |  |
| DATE ..... for _____   |  |

|  |  |
|--|--|
| NAME .....   |  |
| ADDRESS .....  |  |
| <input type="checkbox"/> PERSONAL SERVICE      Tel.<br>No. .....   |  |
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| <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)   |  |
| <input type="checkbox"/> Served on Secretary of the Commonwealth   |  |
| <input type="checkbox"/> NOT FOUND   |  |
| SERVING OFFICER  |  |
| DATE ..... for _____   |  |

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

|            |  |
|------------|--|
| DATE ..... | <input type="checkbox"/> Plaintiff<br><input type="checkbox"/> Plaintiff's Atty.<br><input type="checkbox"/> Plaintiff's Agent |
|------------|--|

Fi. Fa. issued on .....

Interrogatories issued on: .....

Garnishment issued on .....

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

Courtroom 2A 664-4913

Norfolk

General District Court

CITY OR COUNTY

Courtroom 2D 664-4914

150 St. Paul's Blvd., Norfolk, VA 23510

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

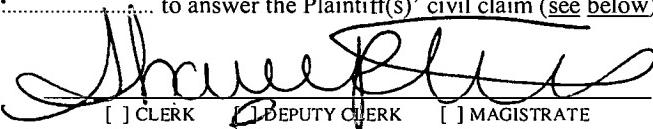
TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3/14/20 9:00 a.m.

to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

2/14/20



DATE ISSUED

[ ] CLERK [ ] DEPUTY CLERK [ ] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 12,000 net of any credits, with interest at 6 % from date of 10/5 until paid,

\$ 59.00 costs and \$ attorney's fees with the basis of this claim being

[ ] Open Account [ ] Contract [ ] Note [X] Other (EXPLAIN)

TCDA 47 U.S.C § 227(b)(1)(A)(ii) to telephone #

757-383-1433 on: 12/12/19, 12/19/19, 12/14/19, 1/3/2020, 1/16/2020

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] cannot be demanded

2/14/2020



DATE

[X] PLAINTIFF [ ] PLAINTIFF'S ATTORNEY [ ] PLAINTIFF'S EMPLOYEE/AGENT

**CASE DISPOSITION**

JUDGMENT against [ ] named Defendant(s) [ ]

for \$ ..... net of any credits, with interest at ..... % from date

of ..... until paid, \$ ..... costs and \$ ..... attorney's fees

[ ] and \$ ..... costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] CAN NOT BE DEMANDED

[ ] JUDGMENT FOR [ ] NAMED DEFENDANT(S) [ ]

[ ] NON-SUIT [ ] DISMISSED

Defendant(s) Present: [ ] NO [ ] YES

DATE

JUDGE

CASE NO.

Kriangs Nareshdaun S

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

5801 Duplar Hall DR

APT B20

Norfolk, VA 23502

157-383-1433

Credit Control, LLC

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Registered Agent: CT Corporation System

4701 Cox Rd Ste 285

Glen Allen, VA 23060-1080

**HEARING DATE AND TIME**

3406856

**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[ ] To dispute this claim, you must appear on the return date to try this case.

[ ] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ..... ORDERED ..... DUE ..... Grounds of Defense ..... ORDERED ..... DUE ..... 

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

JUDGMENT PAID OR  
SATISFIED PURSUANT  
TO ATTACHED NOTICE  
OF SATISFACTION.

DATE

CLERK

**DISABILITY ACCOMMODATIONS**  
for loss of hearing,  
vision, mobility, etc.,  
contact the court ahead  
of time.

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

|  |                  |  |
|--|------------------|--|
| NAME .....   |                  |  |
| ADDRESS .....  |                  |  |
| <input type="checkbox"/> PERSONAL SERVICE  | Tel.<br>No. .... |  |
| Being unable to make personal service, a copy was delivered in the following manner:   |                  |  |
| <p><input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.</p> <hr/> <p><input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)</p> |                  |  |
| <p><input type="checkbox"/> Served on Secretary of the Commonwealth</p> <hr/> <p><input type="checkbox"/> NOT FOUND</p>  |                  |  |
| <p>SERVING OFFICER<br/>.....<br/>DATE for _____</p>  |                  |  |

|  |                  |  |
|--|------------------|--|
| NAME .....   |                  |  |
| ADDRESS .....  |                  |  |
| <input type="checkbox"/> PERSONAL SERVICE  | Tel.<br>No. .... |  |
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| <p><input type="checkbox"/> Served on Secretary of the Commonwealth</p> <hr/> <p><input type="checkbox"/> NOT FOUND</p>  |                  |  |
| <p>SERVING OFFICER<br/>.....<br/>DATE for _____</p>  |                  |  |

|  |                  |  |
|--|------------------|--|
| NAME .....   |                  |  |
| ADDRESS .....  |                  |  |
| <input type="checkbox"/> PERSONAL SERVICE  | Tel.<br>No. .... |  |
| Being unable to make personal service, a copy was delivered in the following manner:   |                  |  |
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| <p><input type="checkbox"/> Served on Secretary of the Commonwealth</p> <hr/> <p><input type="checkbox"/> NOT FOUND</p>  |                  |  |
| <p>SERVING OFFICER<br/>.....<br/>DATE for _____</p>  |                  |  |

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

|      |  |
|------|--|
| DATE | <input type="checkbox"/> Plaintiff         |
|      | <input type="checkbox"/> Plaintiff's Atty. |
|      | <input type="checkbox"/> Plaintiff's Agent |

Fi. Fa. issued on .....

Interrogatories issued on: .....

Garnishment issued on .....

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

Courtroom 2A 664-4913

Norfolk

General District Court

CITY OR COUNTY

Courtroom 2D 664-4914

150 St. Paul's Blvd., Norfolk, VA 23510

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3/14/20 9:00 a.m.

to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

2/14/20

DATE ISSUED

 CLERK DEPUTY CLERK MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 12,000 net of any credits, with interest at 6 % from date of 10/5 until paid,

\$ 57.00 costs and \$ attorney's fees with the basis of this claim being

 Open Account  Contract  Note  Other (EXPLAIN) 8 VIOLATIONS OF  
TCDPA 47 U.S.C. 227(b)(1)(A)(iii) TO TELEPHONE  
757-383-1433 Cn: 12/12/19, 12/16/19, 12/19/19, 1/3/2020, 1/16/2020HOMESTEAD EXEMPTION WAIVED?  YES  NO  cannot be demanded

3/14/2020

DATE

 PLAINTIFF  PLAINTIFF'S ATTORNEY  PLAINTIFF'S EMPLOYEE/AGENT**CASE DISPOSITION**

JUDGMENT against [ ] named Defendant(s) [ ]

for \$ ..... net of any credits, with interest at ..... % from date

of ..... until paid, \$ ..... costs and \$ ..... attorney's fees

 and \$ ..... costs for Servicemember Civil Relief Act counsel feesHOMESTEAD EXEMPTION WAIVED?  YES  NO  CAN NOT BE DEMANDED JUDGMENT FOR [ ] NAMED DEFENDANT(S) [ ] NON-SUIT  DISMISSEDDefendant(s) Present:  NO  YES

DATE

JUDGE

CASE NO. JV20005700

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Briggs, Naeshkunt S

5801 Duplar Hall DR

APT B20

Norfolk, VA 23502

757-383-1433

Credit Control, LLC

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Registered Agent: CT Corporation System

4701 Cox Rd Ste 285

Glen Allen, VA 23060-6808

**HEARING DATE AND TIME**

2/10/2020

JUDGMENT PAID OR  
SATISFIED PURSUANT  
TO ATTACHED NOTICE  
OF SATISFACTION.

DATE

CLERK

**DISABILITY ACCOMMODATIONS**  
for loss of hearing,  
vision, mobility, etc.,  
contact the court ahead  
of time.

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

|   |                                       |
|---|---------------------------------------|
| NAME .....  | .....                                 |
| ADDRESS .....   | .....                                 |
| <input type="checkbox"/> PERSONAL SERVICE   | Tel.<br>No. ....                      |
| Being unable to make personal service, a copy was delivered in the following manner:  |                                       |
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| <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  |                                       |
| <input type="checkbox"/> Served on Secretary of the Commonwealth  |                                       |
| <input type="checkbox"/> NOT FOUND  | SERVING OFFICER<br>.....<br>for _____ |
| DATE  |                                       |

|   |                                       |
|---|---------------------------------------|
| NAME .....  | .....                                 |
| ADDRESS .....   | .....                                 |
| <input type="checkbox"/> PERSONAL SERVICE   | Tel.<br>No. ....                      |
| Being unable to make personal service, a copy was delivered in the following manner:  |                                       |
| <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. |                                       |
| <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  |                                       |
| <input type="checkbox"/> Served on Secretary of the Commonwealth  |                                       |
| <input type="checkbox"/> NOT FOUND  | SERVING OFFICER<br>.....<br>for _____ |
| DATE  |                                       |

|   |                                       |
|---|---------------------------------------|
| NAME .....  | .....                                 |
| ADDRESS .....   | .....                                 |
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| <input type="checkbox"/> NOT FOUND  | SERVING OFFICER<br>.....<br>for _____ |
| DATE  |                                       |

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

|   |  |
|---|--|
| I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on |  |
| DATE  | <input type="checkbox"/> Plaintiff<br><input type="checkbox"/> Plaintiff's Atty.<br><input type="checkbox"/> Plaintiff's Agent |
| F. Fa. issued on .....  |  |
| Interrogatories issued on: .....  |  |
| Garnishment issued on .....   |  |
| .....   |  |